



## ONE CITY. ONE VOICE.

**Join the DC Youth Advisory Council and Help Lead and Influence Change in the District!**

The DC Youth Advisory Council (DCYAC) was created by youth and District officials in order for young people throughout the District to have an ongoing voice in the policies, programs and actions within the city. The DCYAC is responsible for influencing change on legislation and policies that impact youth, and for creating more youth and adult partnerships. DCYAC is made up of 32 diverse members from across the District ranging in age from 13-22.



### Application Process

Any youth resident of the District of Columbia between the ages of 13-22, who has lived in the District for at least one year may apply for membership in the DCYAC. Applications must be mailed or hand delivered to the DCYAC office by **Friday, 13 October 2006**. This includes two recommendations - one from a peer between the ages of 13-22 and one from an adult - neither of the recommendations can be from a relative.

DCYAC members will be chosen by a Selection Committee, which is made up of a group of veteran council members. The Selection Committee will review all applications, interview selected candidates and make final selections.

### Council Structure

The DCYAC is made up of 32 volunteer members selected to seek a broad range of diversity across ethnicity, geography, religion, sexuality, gender and other relevant differences. Specifically, there will be 24 representatives from the Wards, (3 per Ward), 4 from the Juvenile Justice System, and 4 from Foster Care. At least one representative from Juvenile Justice and one from Foster Care must reside in a group home.

### Membership Criteria

All members of the DCYAC should meet the following criteria:

- > District residents between the ages of 13-22
- > Must have lived in the District for at least 1 year (not including a college dorm)
- > Community-based background (or value the community as a whole)
- > Awareness of what is going on in the sector of the community that they represent
- > Ability to bring and hear fresh perspectives about youth issues and concerns
- > Desire and ability to learn to communicate effectively (with peers and adults)
- > An ability to work constructively in a group setting
- > Responsible and able to follow through on commitments
- > Interest in and capacity for developing leadership skills

# DC YOUTH ADVISORY COUNCIL

## APPLICATION FOR MEMBERSHIP / 2006 - 2007

Please complete the application and include two letters of recommendation with the completed application, one from an adult and one from a young person (age 13-22). All applications and recommendations must be typed and received by **Friday, 13 October, 2006**.  
Send application to:

DC YOUTH ADVISORY COUNCIL  
One Judiciary Square  
441 4th Street, NW, Suite 1140 North  
Washington, DC 20001

Questions? Call Dr. Deborah Matthews Evans at (202) 727-7976 or  
e-mail: dcyac@dc.gov

### General Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt. #: \_\_\_\_\_ Zip: \_\_\_\_\_ Ward: \_\_\_\_\_ Phone: \_\_\_\_\_ ☐ Male ☐ Female  
Graduation Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School/Training Program: \_\_\_\_\_

#### Are You Employed?

☐ Yes ☐ No (If yes, check the appropriate box) ☐ Part-time ☐ Full-time Employer: \_\_\_\_\_  
Work hours: \_\_\_\_\_

#### Parent/Guardian Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Alternate Emergency Contact Name: \_\_\_\_\_  
Alternate Emergency Contact Daytime Phone: \_\_\_\_\_  
Is your parent/guardian aware of your interest and does he/she endorse your participation in the DC Youth Advisory Council?  
☐ Yes ☐ No

#### Ethnicity:

- ☐ African-American or Black  
☐ Hispanic or Latino  
☐ American Indian & Alaskan Native  
☐ Caucasian or White  
☐ Native Hawaiian & Pacific Islander  
☐ Asian  
☐ Other: \_\_\_\_\_  
☐ N/A

#### I am applying to the DC Youth Advisory Council to (select one option):

- ☐ Represent my ward, which is: 1 2 3 4 5 6 7 8 (Please circle one)  
☐ Represent Juvenile Justice (If you select this category and you live in a group home select this box) ( ☐ )  
☐ Represent Foster Care (If you select this category and you live in a group home select this box) ( ☐ )



**Part I - WHAT ARE THE THREE MOST IMPORTANT ISSUES THAT AFFECT YOUNG PEOPLE IN YOUR COMMUNITY?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Part II - CHOOSE ONE OF THE ISSUES ABOVE AND EXPLAIN HOW YOU WOULD ADDRESS THE ISSUE AS A COMMUNITY LEADER.**

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(ATTACH ADDITIONAL PAGES IF NECESSARY)

**Part III - WHY SHOULD YOU BE CHOSEN TO SERVE AS A MEMBER OF THE DC YOUTH ADVISORY COUNCIL?  
WHAT PERSONAL SKILLS & CHARACTERISTICS CAN YOU BRING TO THE DCYAC?**

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(ATTACH ADDITIONAL PAGES IF NECESSARY)

**Part IV - PLEASE LIST THE ORGANIZATIONS WITH WHICH YOU ARE CURRENTLY INVOLVED (INCLUDE SCHOOL, COMMUNITY, AND EMPLOYMENT). INDICATE WHETHER THESE ORGANIZATIONAL COMMITMENTS WILL CONFLICT WITH YOUR ABILITY TO ACTIVELY ENGAGE IN COUNCIL RELATED ACTIVITIES.**

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(ATTACH ADDITIONAL PAGES IF NECESSARY)

I certify that the information I have given is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Where did you receive this application?: \_\_\_\_\_



**Part V- The Peer and Adult Recommendation forms follow. Please have one peer and one adult, who are not related to you but knows you well, complete the recommendation and return it to the DCYAC office. Recommendations must be typed.**

## **DC YOUTH ADVISORY COUNCIL / PEER AND ADULT RECOMMENDATION FORM**

APPLICANT'S NAME: \_\_\_\_\_

The above applicant has asked you to complete this form to explain why you believe they should be a member of the DC Youth Advisory Council. The Council is the body that will work with city and community leaders to represent youth perspective on policies, programs and actions that affect young people.

This recommendation is to be filled out by a person who is not related to the applicant. Please complete, sign and place this recommendation in a sealed envelope and return it by **Friday, 13 October 2006**. Send recommendations to:

DC YOUTH ADVISORY COUNCIL

One Judiciary Square

441 4th Street, NW, Suite 1140 North

Washington, DC 20001

Questions? Call Dr. Deborah Matthews Evans at (202) 727-7976 or e-mail: dcyac@dc.gov

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### **PEER RECOMMENDATION**

Please provide the following information so that we may contact you as necessary.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. #: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer the following questions on a separate sheet of paper and return to the DCYAC office.

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Why would you recommend the applicant for membership in the DCYAC?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **ADULT RECOMMENDATION**

Please provide the following information so that we may contact you as necessary.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. #: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer the following questions on a separate sheet of paper and return to the DCYAC office.

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Has the applicant taken an active role in his/her community?
4. Why would you recommend the applicant for membership in the DCYAC?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

